

Positive Student Profile

Fill out this form to provide a “snapshot” of your child

*Place photograph of your
child here.*

1. Who is _____? (Describe your child; include current interests, motivated by, discouraged by, likes and dislikes.)
2. What are _____'s strengths? (Highlight all areas in which your child does well, including educational and social environments.)
3. What are _____'s successes? (List all successes, no matter how small.)
4. What are _____'s greatest challenges? (List the areas in which your child has the greatest difficulties.)

5. What strategies have been helpful for _____ in meeting these challenges?
(List supports which have had success towards achieving his/her potential.)

6. What are your long term goals and vision for the future for _____?

7. What are your goals for this school year for _____?

8. Other helpful information. (List any pertinent information, including health care needs, that has not been detailed elsewhere on the form.)

Adapted from: *Collaborative Teams for Students with Severe Disabilities: Integrating Therapy and Educational Services*,
Beverly Rainforth, Ph.D., P.T., Jennifer York, Ph.D., P.T., Cathy Macdonald, M.A., C.C.C./S.L.P.



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